

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Giff or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Public Safety	And the second s		
Name of Department or Office 215 E. 7th Street	Des Maines, IA 50319		
Mailing Address 515-725-6182	Cily, Stale, Zip Code		
Area Code & Telephone No.			
CONTACT PERSON FOR RECIPIENT DEPARTM	MENT OR OFFICE:		
Jeanie Flattery			
Name			
Name Mailing Address (if different from above)	Cily, State, Ztp (if different from above)		
	Cily, State, Ztp (if different from above) Area Code & Telephone Number (if different from above		

DONOR OF GIFT OR BEQUEST:

Walter Johnson Estate Attn: Matthew Gardner		
Name Gardner Law Firm 2900 100th St. Urbandale IA 50322		Monophy Commonwealth Commonweal
Mailing Address City, State, Zip Code	January 31, 2018	\$130,000.00
515-421-4411	Date of Gift or Bequest	Amount/Value*
Area Code & Telephone Number Email Address (optional)	*value is defined as *fair market receiving department or office. I	value" of item as defermined by f no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Funds are to be used for the Fire Service Training Bureau of the Division of State Fire Marshal, a division of the Department of Public Safety, for funding, training and equipment for volunteer fire department in Iowa.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Jeanie Flattery

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Gelapie Flattering Signature

5-4-18 iv Date